



# Psychometric Properties of the Portuguese Version of the Coping Health Inventory for Parents (CHIP) of Adolescents With Chronic Illness

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**Background:** Parental coping allows the family of adolescents with chronic illness to manage their daily activities, provide the care that the adolescent needs to control the disease and influence illness adaptation and family wellbeing. This study analyzed the psychometric properties of the Portuguese version of the Coping Health Inventory for Parents (CHIP).

**Methods:** The sample consisted of 226 parents of adolescents (between 12 and 19 years old) with type 1 diabetes, asthma or obesity, diagnosed more than a year ago, who accompanied the teenager during a routine visit. Participants answered the Coping Health Inventory for Parents (CHIP) and Illness Perception Questionnaire ((Brief-IPQ)).

**Results:** The Portuguese version consists of one less item than the original version (44 items) organized in the same three components - Maintaining Family Integration, Maintaining Social Support and Understanding the Medical Situation - with internal consistency of .80, .82 and .76, respectively. The components of parental coping were related to illness perceptions (personal control, treatment control and concerns) in adolescents with type 1 diabetes, revealing that parental coping was associated with a more threatening perception of the illness. No significant differences were observed on parental coping based on the adolescent's gender, parent's gender, age and education level, type of chronic illness, or single versus two parent families except for adolescence stage, showing that parents of younger teenagers presented higher parental coping than parents of older teenagers.

**Conclusion:** The Portuguese version of the CHIP showed good psychometric properties to be used with parents of adolescents with chronic illness.

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The increased prevalence of chronic illnesses such as type 1 diabetes, asthma and obesity, in adolescents, requires parents to acquire complex and diverse skills to deal, in their daily lives, with the care required by those illnesses as well as the stress arising from their management and control (Anderson & Davis, 2011; Patistea, 2005). In the Portuguese report of the study of “Health Behaviour In School-Aged

Children” (Matos et al., 2015), with a sample of 1022 adolescents with ages between 11 and 15 years, 30.7% of the adolescents had asthma, 15.2% were overweight and 3% obese. The prevalence of type 1 diabetes in Portuguese adolescents under 19 years old was 0.16%, in 2014 (Sociedade Portuguesa de Diabetologia [SPD], 2015).

The requirements for compliance with medication, diet, physical exercise and frequent medical appointments require parents to adapt to the new circumstances of their adolescents' illness, managing the disease and helping the

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adolescent in the new role, as well as preserving the wellbeing of the entire family (Konradsdottir & Svavarsdottir, 2011). The manifestations of the illness compromise not only the adolescent's physical health, but may also represent social and emotional difficulties for the adolescent and for the family, such as school absenteeism, interruption of leisure activities, absence from work and hospitalization, with repercussions on each individual's quality of life (Garro, 2011).

In adolescents, changing the lifestyle related to diet and exercise is common regarding care in type 1 diabetes and obesity, although their goals are different, i.e., to contribute to glycemic and weight control, respectively (Grey, Davidson, Boland, & Tamborlane, 2001). In turn, monitoring and therapeutic adherence are required to control type 1 diabetes and asthma (Rewers et al., 2014; Sales, Fivush, & Teague, 2008).

As Tak and McCubbin (2002) reported, coping with a stressful situation or life-threatening disease, contributes to the development of psychological distress at the family level. However, coping has a protective function, which can be developed either by removing or changing conditions triggered by stress agents, by the meaning attributed to the stressor agent, or by maintaining the limits of the emotional consequences related to the stressful situation (Grey, 2000). When a chronic disease affects an adolescent, in addition to the behaviors required to control the disease, it is necessary to recognize, in parallel, also the family's emotional, social and environmental needs (Patistea, 2005).

Parental coping reflects the process through which the family manages the demands of controlling the illness with the resources they had available (Charron-Prochownik & Kovacs, 2000). According to these authors, the family has to implement the changes required for the maintenance of functional stability and welfare, which in turn will allow them to better adapt to the adolescent's illness and achieve better clinical and psychological outcomes. In turn, the quality of parental coping and adjustment also influence the adolescent's coping and adjustment to the chronic illness (Frank, Blount, & Brown, 1997).

According to Grey (2000), the metabolic and psychological outcomes of an adolescent with type 1 diabetes reflects the efficacy of the parental coping strategies used for practicing self-care and managing the illness daily. In adolescents with asthma, Perosa, Amato, Rugolo, Ferrari, and Oliveira (2013) mention that the strategies employed by mothers, to deal with the care required to control the illness and the stressing agents involved, influence both the adaptation process and the clinical and psychosocial outcomes of the adolescent. In turn, West et al. (2008) found a link between the adoption of healthy behaviors in adolescents with obesity and the active involvement of their parents in their care process. In the Family Adjustment and Adaptation Model by McCubbin et al. (1983), families' capacities are reflected on the mobilization of their resources and on the coping strategies they adopt, that are components

of their internal and external environment, working as tools to deal with the demands or stress caused by the illness in one of the family members.

Families are an important resource in the treatment of an adolescent with chronic illness, since they participate in the daily care of the adolescent (Patistea, 2005). Adolescence represents an important phase in the life cycle, where the acquisition of independence and autonomy from parents influences the illness management and may lead to conflict between the adolescent and their parents (Yeo & Sawyer, 2005). As a result, the family may need to handle stressful situations during the illness adaptation process. Coping strategies may mediate the relationship between the outcomes related to the disease and the stressful situation in the daily routines (Garro, 2011).

Knowing which parental coping strategies are useful in the adaptation process of chronic illness may help design interventions that address the family's needs. The Coping Health Inventory for Parents (CHIP) has been used with different illnesses and populations. Garro (2011) studied coping patterns in a sample of Latino families of children with asthma and found that strategies related to maintaining family integration and the understanding of the medical situation of their child were used more often by parents. In the study of coping behavior, in Greek mothers and fathers of children with leukaemia, Patistea (2005) found that coping strategies related to maintaining family integration were most helpful when compared with two other coping patterns. In a Canadian cohort of parents of adolescents with juvenile idiopathic arthritis, Cavallo et al. (2009) concluded that coping strategies related to understanding the medical condition were the most useful and that coping strategies of maintaining social support were less helpful. In all these studies (Cavallo et al., 2009; Garro, 2011; Patistea, 2005), parental coping with the illness was considered appropriate. However, little is known regarding coping patterns used by Portuguese parents in the care of adolescents with a chronic illness. As Matos et al. (2015) and the Portuguese Society of Diabetology (SPD, 2015) reported, type 1 diabetes, asthma and obesity are some of the most frequent diseases among Portuguese adolescents. Therefore, the main objective of this study was the analysis of the psychometric properties of the CHIP, in a sample of Portuguese parents of adolescents with type 1 diabetes, asthma and obesity.

## Method

### Sample

This was a cross-sectional study. A convenient sample was used that included 226 parents of adolescents with type 1 diabetes (n = 100), asthma (n = 73) and obesity (n = 53) who accompanied the adolescent to their routine medical appointments. Adolescents with type 1 diabetes were followed in the pediatric endocrinology clinic of a Portuguese children's hospital and in one general hospital, and adolescents with asthma and obesity were followed in the pediatric allergy clinic and nutrition practice, respectively, of another Portuguese

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